

*DATE SENT:

- ☐ Initial Evaluation
- ☐ Reevaluation
- ☐ Parent Request
- ☐ Special Request by ARD Committee

NOTICE OF and CONSENT FOR FULL AND INDIVIDUAL EVALUATION

| | |
|---------------|---------------------|
| Student _____ | Date of Birth _____ |
| School _____ | Grade _____ |

*We have carefully reviewed your child's/your school records, information from his/her/your teachers, and information you have shared with us. More information is needed to determine his/her/your needs and to plan an appropriate school program. If this is the first time your child has/you have been evaluated, you will also be asked on this document to give permission for the testing.

*We want to do a full and individual evaluation on your child/you for the following reasons:

- ☐ determine the presence of a disability and a need for special education services
- ☐ determine the most appropriate educational program
- ☐ complete a required three year reevaluation
- ☐ complete additional evaluation
- ☐ assess vocational competencies
- ☐ other: _____

*Before recommending this evaluation, we considered the following alternatives:

| *OPTIONS CONSIDERED | *WHY REJECTED |
|--|---|
| <input type="checkbox"/> continuance of current IEP <input type="checkbox"/> continuance of general education <input type="checkbox"/> provision of special education <input type="checkbox"/> behavioral interventions <input type="checkbox"/> dismissal from special education <input type="checkbox"/> additional evaluations <input type="checkbox"/> reliance on or acceptance of existing evaluation <input type="checkbox"/> other: _____ | <input type="checkbox"/> student does not appear to require services found only in special education <input type="checkbox"/> student appears to need additional support in addition to the general education setting <input type="checkbox"/> student appears to be progressing in current setting <input type="checkbox"/> three year reevaluation is required <input type="checkbox"/> student appears to need additional special education related services <input type="checkbox"/> student appears to no longer need special education related services <input type="checkbox"/> other: _____ |

*Denotes required items

SE-13-121

**Student must be evaluated in all areas related to the suspected disability, including the requirements of 34 CFR §300.304, if appropriate.

We want to evaluate (formally and/or informally) your child/you in **all** the areas listed below. These tests will help us learn more about his/her/your educational needs.

In accordance with the IDEA §300.304 Evaluation Procedures, this notice describes evaluation procedures Irving ISD proposes to conduct. Students are evaluated in all areas of suspected disability and in all areas related to the suspected disability. The evaluation must be sufficiently comprehensive to identify special education and related services needs. Evaluations are typically conducted by a multidisciplinary team consisting of various professionals. This evaluation may result in one or more of the following special education disabilities: Auditory Impairment, Autism, Deaf-Blind, Emotional Disturbance, Intellectual Disability, Learning Disability, Multiple Disabilities, Non-Categorical Early Childhood, Orthopedically Impaired, Other Health Impairment, Speech Impairment, Traumatic Brain Injury, or Visual Impairment. The Admission Review Dismissal (ARD) Committee meeting will review the evaluation report and establish eligibility.

****LANGUAGE (COMMUNICATIVE STATUS)**

If your child/you know(s) more than one language, these tests will help us find out which is the best language for his/her/your learning. They will also let us know which language to use for all other testing. We want to find out how well your child/you understand(s) what is said to him/her/you and how well your child/you can express his/her/your thoughts. If your child has/you have trouble speaking clearly, we may test him/her/you to find out what any speech problems may be.

Some of the tests we may give are: Goldman Fristoe Test of Articulation II; Clinical Evaluation of Language Fundamentals 4; Comprehensive Assessment of Spoken Language; Preschool Language Scale 5; Woodcock-Munoz Language Survey, and/or, other_____.

****PHYSICAL (MOTOR ABILITIES, HEALTH, VISION, HEARING)**

We want to know if any physical or health problems make it difficult for your child/you to do his/her/your school work.

We *may* give such tests as: vision/hearing tests; School Function Assessment; Louisiana Motor Assessment for Preschoolers; Competency Test for Adapted Physical Education; Test of Gross Motor Development, 2nd ed. and/or others_____.

****EMOTIONAL/BEHAVIORAL**

Some children exhibit emotional or behavioral difficulties. We want to know whether your child's behavior interferes with your child's learning or the learning of your child's classmates. If your child's behavior impacts learning, we want to understand the nature of the problem and identify strategies to address the problem. We will collect information from you and your child's teachers. A Licensed Specialist in School Psychology (LSSP) or other qualified professional may observe your child in the school setting, interview you, and/or interview your child.

The evaluation may include behavior rating scales (e.g., BASC-2, Conners-3, Comprehensive Executive Function Inventory), interviews, observations, and specific tests administered to the student including self-report measures (e.g., BASC-2, Autism Diagnostic Observation Schedule-2 (ADOS-2), Anxiety and Depression Scales) and projective measures (e.g., Sentence Completion, Drawings, Apperception Techniques) and/or other functional/behavior assessments_____.

The ARD Committee will use a report drafted by the Licensed Specialist in School Psychology (LSSP) or other qualified professional to determine whether your child has a disability and needs special education services to address emotional/behavioral concerns. The LEA will maintain the report as an education record. Parental consent is required before releasing education records, except to the extent that the Family Educational Rights and Privacy Act (FERPA) authorizes disclosure without consent such as to school officials with a legitimate educational interest. All education records, including a psychological evaluation and test data, will be maintained as an education record and destroyed as required by State law.

Prior to signing this consent form, you may request, in writing, the name and type of the test and an explanation of how the test could be used to develop an individual education plan (IEP) for your child. Further, if you requested the names and types of tests, and we determine that we need to administer additional tests, we will contact you before proceeding with the evaluation.

*Denotes required items

**Student must be evaluated in all areas related to the suspected disability, including the requirements of 34 CFR §300.304, if appropriate.

****SOCIOLOGICAL**

We want to get information about your child's/your home life and the kinds of experiences he/she has/you have had in your family. School staff members may be calling to talk to you about this.

****INTELLECTUAL/ADAPTIVE BEHAVIOR**

We want to determine how well your child/you think(s), compared to others of the same age. We also want to find out how well your child/you take(s) care of himself/herself/yourself at home and at school.

We may also give such tests as: Wechsler Scales; Kaufman Assessment Battery for Children II; Vineland Adaptive Behavior Scales, Woodcock/Johnson III Test of Cognitive Ability; Reynolds Intellectual Assessment Scale; Differential Ability Scales; Developmental Assessment of Young Children; and/or other _____

****EDUCATIONAL LEARNING COMPETENCIES (ACADEMIC PERFORMANCE)**

We want to find out how your child is/you are doing in reading, math, spelling, and other areas, including job-related skills, if appropriate. We want to determine what he/she/you know(s) and what he/she/you need(s) to learn.

We may also give such tests as: Woodcock-Johnson III Test of Achievement; Wechsler Individual Achievement Test II; Kaufman Test of Educational Achievement II; Comprehensive Test of Phonological Proc.; and/or other: _____

****ADAPTIVE/ASSISTIVE TECHNOLOGY**

We want to collect information from teachers, related service providers and others to determine the needs and services to access areas and function within the educational environment.

*Describe any other factors relevant to this proposal to assess (if applicable):

ASSESSMENT PERSONNEL: The assessment will be conducted by a team of professionals that *may* include a diagnostician, speech-language pathologist (SLP), licensed specialist in school psychology (LSSP), licensed specialist in school psychology (LSSP) intern or trainee, and/or other professionals trained in assessment practices.

PROCEDURAL SAFEGUARDS: *Your rights were explained to you when you were/your child was initially referred for special education evaluation. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards (rights) in their native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation; upon manifestation determination; removal/change of placement or educational placement of you or your child; or, the provision of a free appropriate public education (FAPE) to you or your child. A copy of the procedural safeguards (rights) is attached to this form.

Date given: _____

To: _____

CONSENT FOR FULL AND INDIVIDUAL EVALUATION

Student _____ Date of Birth _____

School _____ Grade _____

You have received procedural safeguards and an explanation of the **FULL AND INDIVIDUAL EVALUATION**.

*Denotes required items

SE-13-121

**Student must be evaluated in all areas related to the suspected disability, including the requirements of 34 CFR §300.304, if appropriate.

Revised 7/3/13

Student Name: _____

We need your permission to test your child/you to find out what your child's/your educational needs are.

Please initial the appropriate box by each statement, sign your name, and date and return this form to the school as soon as possible.

____ *I have been fully informed and understand the evaluation process and why it has been
YES NO recommended for my child/me. If NO, please explain:

____ I have been given the name and telephone number of a school staff member whom I may call if I
YES NO want more information or if I have any questions. If NO, please explain:

____ *I give my permission for the testing that has been recommended for my child/me. If NO, please
YES NO explain:

____ *I understand that my consent for evaluation is voluntary and may be revoked at any time; however,
YES NO revocation will not invalidate any testing that occurred prior to the revocation. If NO, please explain:

____ *I have been informed in my native language or other mode of communication.
YES NO

____ *I give permission for the testing to begin immediately by waiving the required five school day
YES NO waiting period between notice of evaluation and initiation of the evaluation.

*SIGNATURE OF PARENT, GUARDIAN, SURROGATE PARENT, OR ADULT STUDENT

*DATE

*SIGNATURE OF INTERPRETER, IF USED

*DATE

Please return this form to: _____ at: _____ as soon as
possible. _____ SCHOOL STAFF PERSON SCHOOL

If you want more information or if you have any questions, please call:

at: _____

If you need additional information understanding this document, please contact Region 10 ESC (972-348-1700).